

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295077		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/22/2008	
NAME OF PROVIDER OR SUPPLIER REGENT CARE CENTER OF RENO				STREET ADDRESS, CITY, STATE, ZIP CODE 555 HAMMILL LANE RENO, NV 89511			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the Life Safety Code (LSC) survey conducted at your facility on 7/21/08 and 7/22/08. Your facility was surveyed using Chapter 19, EXISTING Health Care Occupancies, of the 2006 Edition of the National Fire Protection Association's (NFPA) 101, Life Safety Code. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.			K 000	<p><i>Acceptable POC 8/18/08</i> <i>Kalut J. Cain HFS-IF</i></p> <p>RECEIVED AUG 15 2008 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p>		
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation on 7/21/08, the facility failed to maintain 18 inches of clearance below sprinkler heads for proper sprinkler coverage in the event of sprinkler activation.</p> <p>Findings include:</p> <p>In the kitchen dry storage area, there were metal storage racks that surrounded the walls for storage of food supplies. There were large pots, pans and trays stored on the top shelf that reduced the clearance from the sprinkler heads to</p>			K 062	<p>K062</p> <p>What corrective action will be accomplished for those areas found to have been affected by the deficient practice:</p> <p>Dry storage area in the Kitchen has been re-arranged with pots and pans relocated to allow appropriate clearance from the sprinkler head, thereby not impeding the flow of water from the head in the event of a fire hazard.</p> <p>How will you identify other areas having the potential to be affected by the same deficient practice:</p> <p>All storage areas have been checked to ensure appropriate clearances to the sprinkler heads and corrected when necessary.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>[Signature]</i>	<i>Administrator</i>	8-14-08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 062	Continued From page 1 eight inches. There were also boxes stored on the top shelf that reduced the clearance from the sprinkler heads to ten inches.	K 062	<p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>A bold visible line will be painted on the walls of all storage areas at the required distance from the sprinkler heads as a "not to store above, along with sign posting."</p> <p>How will the Facility monitor corrective actions to ensure that the deficient practice does not recur:</p> <p>Ongoing monitoring by Department Managers responsible for their storage areas with monthly checks by Maintenance Engineer and/or Administrator.</p> <p>Individual Responsible:</p> <p>Administrator</p> <p>Date of Completion:</p> <p>August 28, 2008</p>	8-28-08	

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